PTO/SB/47 (09-08)

Approved for uso through 04/30/2009, OMB 0851-0018

U.S. Patent and Trademark Order; U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CIMB control number.

"FEE ADDRESS" INDICATION FORM	RECEIVED
Address to: Fax to: CEN Mail Stop M Correspondence 571-273-6500 Commissioner for Patents - OR - P.O. Box 1450 Alexandria, VA 22313-1450	TRAL FAX CENTER JUN 0 5 2007
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.	
For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with: Customer Number: 22882	
OR The attached Request for Customer Number (PTO/SB/125) form. PATENT NUMBER (if known) APPLICATION NUMBER	
6,031,923 08/835,350 90/008,600	
Completed by (check one): Applicant/Inventor Signature	-
Attorney or Agent of record (Reg. No.) Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. Requester's telephone number	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Assignee recorded at Reel 016835 Frame 0049 Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below. Total of 3 forms are submitted.	

This collection of information is required by 37 CFR 1.383. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minutes to complete, opposing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual CISC. Any comments on the amount of time you require to complete this form analysis suggestions for reducing this business, whole to sent to the Chief Information Cificar. U.S. Parent and the amount of time you require to complete this form analysis suggestions for reducing this business, whole to sent to the Chief Information Cificar. U.S. Parent and the amount of USP COMPLETED FORMS TO THIS ADDRESS. Tragement Office, U.S. Department of Commence, P.O. Box 1450, Alexandría, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.